

# Student Application

North Georgia School of Aikido, LLC.

## Contact Information

Name

Street Address

City ST ZIP Code

Home Phone

Work Phone

E-Mail Address

## Personal Information

Date of Birth

Name of Parent or Guardian if less than eighteen years of age

Contact Name in case of Emergency

Relationship

Phone Number

Address

E-mail

## Previous Martial Arts Experience

Art                                      Years                                      Rank

Art                                      Years                                      Rank

Art                                      Years                                      Rank

## Special Skills or Interests

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How did you hear about the class?

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Please pay for class on the first of every month

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I have read and signed the Participant Release and Waiver of Liability.

Name (printed)

Signature

Date
